837 Health Care Claim: Professional

ASC X12N 837 (004010X098A1)

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide
Version: 1.04

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information from providers of health care services to Nebraska Medicaid, either directly or via intermediary billers and claims clearinghouses.

This Companion Guide governs electronic billing of professional (practitioner/supplier) services on an ASC X12N 837 – Professional (004010X098A1) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Required by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – "Required by NE Medicaid".
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason. Claims containing data designated as "Not Allowed" or failing to include the specific values required will be accepted by NE Medicaid but the claim will be deleted by the adjudication system. The Electronic Claim Activity report will be used to convey the claims deleted and the associated reasons. Segments designated as "Not Used" will not affect adjudication.

Data Submission Criteria
Nebraska Medicaid uses the following separators:

*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
~	(tilde) for Segment terminator	ASCII 126
|	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at
http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Revisions since version 1.03:

- Page 6 – Revision: Format Correction

- Page 8 – Revision: Transaction Summary – Version 1.03 state Loop 2310B Rendering Provider Secondary Identification segment is Not Used. In version 1.04, changed informational page to read Loop ID 2310B Rendering Provider Secondary Identification is Used.

- Page 11 – Revision: Format Correction

- Page 27 – Revision: Loop ID 2010AA – NM108 – Billing Provider Code Qualifier removed Nebraska Medicaid Directive statement "Code 'XX' not allowed by NE Medicaid". Version 1.04 is allowing qualifier XX for NPI compliancy.

- Page 30 – Revision: Loop ID 2010AA – REF – Nebraska Medicaid Directive changed to read "Nebraska Medicaid requires use of code 1D and the 11-digit Nebraska Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires an additional REF segment using either code Employee Identification Number (EI) or Social Security Number (SY).

- Page 30 – Revision: Loop ID 2010AA – REF01 – Reference Identification Qualifier removed code "1C" Medicare Provider Number.

- Page 30 – Revision: Loop ID 2010AA – REF01 – Reference Identification Qualifier Nebraska Medicaid Directive has been changed to read "Use code "1D" and the 11-digit NE Medicaid assigned provider number. If sending NPI (XX), use Employee Identification Number (EI) or Social Security Number (SY)."

- Page 79 – Revision: Loop ID 2310A – REF01 – Reference Identification Qualifier Nebraska Medicaid Directive has been corrected to use the qualifier of 0B (zero) instead of OB.

- Page 80 – Revision: Loop ID 2310B – NM108 – Rendering Provider Identification Qualifier Nebraska Medicaid Directive changed to "When using NPI (XX) or Employee Identification Number (24), Nebraska Medicaid requires a REF segment with Social Security Number (SY) as a secondary ID."

- Page 80 – Revision: Loop ID 2310B – NM108 – Rendering Provider Identification Qualifier add code 'XX' for submission by Health Care Financing Administration National Provider Identifier and code '24' Employee Identification Number.

- Page 82 – Revision: Loop ID 2310B – REF – Rendering Provider Secondary Identification added page to Professional Guide.

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Functional Group=HC

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

The * in the first column means Not Used.

Not Defined:

Pos	Id	Segment Name	Max Use	Repeat	NE Medicaid Usage
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

Pos	Id	Segment Name	Max Use	Repeat	NE Medicaid Usage
005	ST	Transaction Set Header	1		Required
010	BHT	Beginning of Hierarchical Transaction	1		Required
015	REF	Transmission Type Identification	1		Required
LOOP ID - 1000A				**1**	
020	NM1	Submitter Name	1		Required
045	PER	Submitter EDI Contact Information	2		Required
LOOP ID - 1000B				**1**	
020	NM1	Receiver Name	1		Required

Detail:

Pos	Id	Segment Name	Max Use	Repeat	NE Medicaid Usage
LOOP ID - 2000A				**>1**	
001	HL	Billing/Pay-to Provider Hierarchical Level	1		Required
* 003	PRV	Billing/Pay-to Provider Specialty Information	1		Not Used
* 010	CUR	Foreign Currency Information	1		Not Used
LOOP ID - 2010AA				**1**	
015	NM1	Billing Provider Name	1		Required
025	N3	Billing Provider Address	1		Required
030	N4	Billing Provider City/State/ZIP Code	1		Required
035	REF	Billing Provider Secondary Identification	8		Used

* 035	REF	Credit/Debit Card Billing Information	8		Not Used
040	PER	Billing Provider Contact Information	2		Used

LOOP ID - 2010AB				**1**	
* 015	NM1	Pay-to Provider Name	1		Not Used
* 025	N3	Pay-to Provider Address	1		Not Used
* 030	N4	Pay-to Provider City/State/ZIP Code	1		Not Used
* 035	REF	Pay-to-Provider Secondary Identification	5		Not Used

LOOP ID - 2000B				**>1**	
001	HL	Subscriber Hierarchical Level	1		Required
005	SBR	Subscriber Information	1		Required
007	PAT	Patient Information	1		Used

LOOP ID - 2010BA				**1**	
015	NM1	Subscriber Name	1		Required
025	N3	Subscriber Address	1		Used
030	N4	Subscriber City/State/ZIP Code	1		Used
032	DMG	Subscriber Demographic Information	1		Used
* 035	REF	Subscriber Secondary Identification	4		Not Used
* 035	REF	Property and Casualty Claim Number	1		Not Used

LOOP ID - 2010BB				**1**	
015	NM1	Payer Name	1		Required
* 025	N3	Payer Address	1		Not Used
* 030	N4	Payer City/State/ZIP Code	1		Not Used
* 035	REF	Payer Secondary Identification	3		Not Used

LOOP ID - 2010BC				**1**	
* 015	NM1	Responsible Party Name	1		Not Used
* 025	N3	Responsible Party Address	1		Not Used
* 030	N4	Responsible Party City/State/ZIP Code	1		Not Used

LOOP ID - 2010BD				**1**	
* 015	NM1	Credit/Debit Card Holder Name	1		Not Used
* 035	REF	Credit/Debit Card Information	2		Not Used

LOOP ID - 2000C				**>1**	
* 001	HL	Patient Hierarchical Level	1		Not Used
* 007	PAT	Patient Information	1		Not Used

* LOOP ID - 2010CA				**1**	
* 015	NM1	Patient Name	1		Not Used
* 025	N3	Patient Address	1		Not Used
* 030	N4	Patient City/State/ZIP Code	1		Not Used
* 032	DMG	Patient Demographic Information	1		Not Used
* 035	REF	Patient Secondary Identification	5		Not Used
* 035	REF	Property and Casualty Claim Number	1		Not Used

LOOP ID - 2300				**100**	
130	CLM	Claim Information	1		Required
135	DTP	Date - Initial Treatment	1		Used

* 135	DTP	Date - Date Last Seen	1	Not Used
135	DTP	Date - Onset of Current Illness/Symptom	1	Used
135	DTP	Date - Acute Manifestation	5	Used
135	DTP	Date - Similar Illness/Symptom Onset	10	Used
135	DTP	Date - Accident	10	Used
* 135	DTP	Date - Last Menstrual Period	1	Not Used
135	DTP	Date - Last X-ray	1	Used
135	DTP	Date - Hearing and Vision Prescription Date	1	Used
* 135	DTP	Date - Disability Begin	5	Not Used
* 135	DTP	Date - Disability End	5	Not Used
* 135	DTP	Date - Last Worked	1	Not Used
* 135	DTP	Date - Authorized Return to Work	1	Not Used
135	DTP	Date - Admission	1	Used
135	DTP	Date - Discharge	1	Used
* 135	DTP	Date - Assumed and Relinquished Care Dates	2	Not Used
155	PWK	Claim Supplemental Information	10	Used
* 160	CN1	Contract Information	1	Not Used
* 175	AMT	Credit/Debit Card Maximum Amount	1	Not Used
175	AMT	Patient Amount Paid	1	Used
* 175	AMT	Total Purchased Service Amount	1	Not Used
180	REF	Service Authorization Exception Code	1	Used
* 180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	1	Not Used
* 180	REF	Mammography Certification Number	1	Not Used
180	REF	Prior Authorization or Referral Number	2	Used
180	REF	Original Reference Number (ICN/DCN)	1	Used
180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	3	Used
* 180	REF	Repriced Claim Number	1	Not Used
* 180	REF	Adjusted Repriced Claim Number	1	Not Used
* 180	REF	Investigational Device Exemption Number	1	Not Used
* 180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	1	Not Used
* 180	REF	Ambulatory Patient Group (APG)	4	Not Used
180	REF	Medical Record Number	1	Used
* 180	REF	Demonstration Project Identifier	1	Not Used
* 185	K3	File Information	10	Not Used
190	NTE	Claim Note	1	Used
195	CR1	Ambulance Transport Information	1	Used
200	CR2	Spinal Manipulation Service Information	1	Used
220	CRC	Ambulance Certification	3	Used
220	CRC	Patient Condition Information: Vision	3	Used

* 220	CRC	Homebound Indicator	1		Not Used
220	CRC	EPSDT Referral	1		Used
231	HI	Health Care Diagnosis Code	1		Used
* 241	HCP	Claim Pricing/Repricing Information	1		Not Used
LOOP ID - 2305				**6**	
* 242	CR7	Home Health Care Plan Information	1		Not Used
* 243	HSD	Health Care Services Delivery	3		Not Used
LOOP ID - 2310A				**2**	
250	NM1	Referring Provider Name	1		Used
* 255	PRV	Referring Provider Specialty Information	1		Not Used
271	REF	Referring Provider Secondary Identification	5		Used
LOOP ID - 2310B				**1**	
250	NM1	Rendering Provider Name	1		Used
* 255	PRV	Rendering Provider Specialty Information	1		Not Used
271	REF	Rendering Provider Secondary Identification	5		Used
LOOP ID - 2310C				**1**	
* 250	NM1	Purchased Service Provider Name	1		Not Used
* 271	REF	Purchased Service Provider Secondary Identification	5		Not Used
LOOP ID - 2310D				**1**	
250	NM1	Service Facility Location	1		Used
265	N3	Service Facility Location Address	1		Required
270	N4	Service Facility Location City/State/ZIP	1		Required
* 271	REF	Service Facility Location Secondary Identification	5		Not Used
LOOP ID - 2310E				**1**	
* 250	NM1	Supervising Provider Name	1		Not Used
* 271	REF	Supervising Provider Secondary Identification	5		Not Used
LOOP ID - 2320				**10**	
290	SBR	Other Subscriber Information	1		Used
295	CAS	Claim Level Adjustments	5		Used
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	1		Used
300	AMT	Coordination of Benefits (COB) Approved Amount	1		Used
300	AMT	Coordination of Benefits (COB) Allowed Amount	1		Used
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	1		Used
300	AMT	Coordination of Benefits (COB) Covered Amount	1		Used
300	AMT	Coordination of Benefits (COB) Discount Amount	1		Used
* 300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	1		Not Used

300	AMT	Coordination of Benefits (COB) Patient Paid Amount	1		Used
* 300	AMT	Coordination of Benefits (COB) Tax Amount	1		Not Used
* 300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	1		Not Used
305	DMG	Subscriber Demographic Information	1		Used
310	OI	Other Insurance Coverage Information	1		Used
320	MOA	Medicare Outpatient Adjudication Information	1		Used
LOOP ID - 2330A				**1**	
325	NM1	Other Subscriber Name	1		Required
332	N3	Other Subscriber Address	1		Used
340	N4	Other Subscriber City/State/ZIP Code	1		Used
355	REF	Other Subscriber Secondary Identification	3		Used
LOOP ID - 2330B				**1**	
325	NM1	Other Payer Name	1		Required
345	PER	Other Payer Contact Information	2		Used
350	DTP	Claim Adjudication Date	1		Used
355	REF	Other Payer Secondary Identifier	2		Used
* 355	REF	Other Payer Prior Authorization or Referral Number	2		Not Used
355	REF	Other Payer Claim Adjustment Indicator	2		Used
LOOP ID - 2330C				**1**	
325	NM1	Other Payer Patient Information	1		Used
355	REF	Other Payer Patient Identification	3		Used
LOOP ID - 2330D				**2**	
325	NM1	Other Payer Referring Provider	1		Not Used
* 355	REF	Other Payer Referring Provider Identification	3		Not Used
LOOP ID - 2330E				**1**	
325	NM1	Other Payer Rendering Provider	1		Not Used
* 355	REF	Other Payer Rendering Provider Secondary Identification	3		Not Used
LOOP ID - 2330F				**1**	
325	NM1	Other Payer Purchased Service Provider	1		Not Used
* 355	REF	Other Payer Purchased Service Provider Identification	3		Not Used
LOOP ID - 2330G				**1**	
325	NM1	Other Payer Service Facility Location	1		Not Used
* 355	REF	Other Payer Service Facility Location Identification	3		Not Used
LOOP ID - 2330H				**1**	
* 325	NM1	Other Payer Supervising Provider	1		Not Used
* 355	REF	Other Payer Supervising	3		Not Used

Provider Identification

		LOOP ID - 2400		50	
365	LX	Service Line	1		Required
370	SV1	Professional Service	1		Required
* 400	SV5	Durable Medical Equipment Service	1		Not Used
420	PWK	DMERC CMN Indicator	1		Not Used
425	CR1	Ambulance Transport Information	1		Used
430	CR2	Spinal Manipulation Service Information	5		Used
* 435	CR3	Durable Medical Equipment Certification	1		Not Used
* 445	CR5	Home Oxygen Therapy Information	1		Not Used
450	CRC	Ambulance Certification	3		Used
* 450	CRC	Hospice Employee Indicator	1		Not Used
* 450	CRC	DMERC Condition Indicator	2		Not Used
455	DTP	Date - Service Date	1		Required
* 455	DTP	Date - Certification Revision Date	1		Not Used
* 455	DTP	Date - Begin Therapy Date	1		Not Used
* 455	DTP	Date - Last Certification Date	1		Not Used
* 455	DTP	Date - Date Last Seen	1		Not Used
* 455	DTP	Date - Test	2		Not Used
* 455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	3		Not Used
* 455	DTP	Date - Shipped	1		Not Used
* 455	DTP	Date - Onset of Current Symptom/Illness	1		Not Used
455	DTP	Date - Last X-ray	1		Used
455	DTP	Date - Acute Manifestation	1		Used
455	DTP	Date - Initial Treatment	1		Used
455	DTP	Date - Similar Illness/Symptom Onset	1		Used
* 462	MEA	Test Result	20		Not Used
* 465	CN1	Contract Information	1		Not Used
* 470	REF	Repriced Line Item Reference Number	1		Not Used
* 470	REF	Adjusted Repriced Line Item Reference Number	1		Not Used
470	REF	Prior Authorization or Referral Number	2		Used
470	REF	Line Item Control Number	1		Used
* 470	REF	Mammography Certification Number	1		Not Used
470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	1		Used
470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	1		Used
* 470	REF	Immunization Batch Number	1		Not Used
* 470	REF	Ambulatory Patient Group (APG)	4		Not Used
470	REF	Oxygen Flow Rate	1		Used
* 470	REF	Universal Product Number (UPN)	1		Not Used

* 475	AMT	Sales Tax Amount	1		Not Used
475	AMT	Approved Amount	1		Used
* 475	AMT	Postage Claimed Amount	1		Not Used
* 480	K3	File Information	10		Not Used
485	NTE	Line Note	1		Used
488	PS1	Purchased Service Information	1		Used
* 491	HSD	Health Care Services Delivery	1		Not Used
* 492	HCP	Line Pricing/Repricing Information	1		Not Used
LOOP ID - 2410				**25**	
493	LIN	Drug Identification	1		Used
494	CTP	Drug Pricing	1		Used
* 495	REF	Prescription Number	1		Not Used
LOOP ID - 2420A				**1**	
* 500	NM1	Rendering Provider Name	1		Not Used
* 505	PRV	Rendering Provider Specialty Information	1		Not Used
* 525	REF	Rendering Provider Secondary Identification	5		Not Used
LOOP ID - 2420B				**1**	
* 500	NM1	Purchased Service Provider Name	1		Not Used
* 525	REF	Purchased Service Provider Secondary Identification	5		Not Used
LOOP ID - 2420C				**1**	
* 500	NM1	Service Facility Location	1		Not Used
* 514	N3	Service Facility Location Address	1		Not Used
* 520	N4	Service Facility Location City/State/ZIP	1		Not Used
* 525	REF	Service Facility Location Secondary Identification	5		Not Used
LOOP ID - 2420D				**1**	
* 500	NM1	Supervising Provider Name	1		Not Used
* 525	REF	Supervising Provider Secondary Identification	5		Not Used
LOOP ID - 2420E				**1**	
* 500	NM1	Ordering Provider Name	1		Not Used
* 514	N3	Ordering Provider Address	1		Not Used
* 520	N4	Ordering Provider City/State/ZIP Code	1		Not Used
* 525	REF	Ordering Provider Secondary Identification	5		Not Used
* 530	PER	Ordering Provider Contact Information	1		Not Used
LOOP ID - 2420F				**2**	
* 500	NM1	Referring Provider Name	1		Not Used
* 505	PRV	Referring Provider Specialty Information	1		Not Used
* 525	REF	Referring Provider Secondary Identification	5		Not Used
LOOP ID - 2420G				**4**	
* 500	NM1	Other Payer Prior Authorization	1		Not Used

		or Referral Number			
* 525	REF	Other Payer Prior Authorization or Referral Number	2		Not Used

LOOP ID - 2430				25	
540	SVD	Line Adjudication Information	1		Used
545	CAS	Line Adjustment	99		Used
550	DTP	Line Adjudication Date	1		Required

LOOP ID - 2440				5	
* 551	LQ	Form Identification Code	1		Not Used
* 552	FRM	Supporting Documentation	99		Not Used
555	SE	Transaction Set Trailer	1		Required

Not Defined:

Pos	Id	Segment Name	Max Use	Repeat	NE Medicaid Usage
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA — Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Nebraska Medicaid Directive:
Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: http://www.hhs.state.ne.us/med/edindex.htm.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier** **Description:** Code to identify the type of information in the Authorization Information	M	ID	2/2	Required

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA02	I02	**Authorization Information** **Description:** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	**Security Information Qualifier** **Description:** Code to identify the type of information in the Security Information	M	ID	2/2	Required

Code	Name
00	No Security Information Present (No Meaningful Information in I04)
01	Password

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA04	I04	**Security Information** **Description:** This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	**Interchange ID Qualifier** **Description:** Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified **Industry:** *This ID qualifies the Sender in ISA06.* **Nebraska Medicaid Directive:** *Use code identified on Trading Partner Profile.*	M	ID	2/2	Required

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)

		ZZ Mutually Defined				
ISA06	I06	**Interchange Sender ID** **Description:** Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element **Nebraska Medicaid Directive:** *This value cannot be "MMISNEBR". Identified on Trading Partner Profile.*	M	AN	15/15	Required
ISA07	I05	**Interchange ID Qualifier** **Description:** Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified **Industry:** *This ID qualifies the Receiver in ISA08.* **Nebraska Medicaid Directive:** *Use code identified on Trading Partner Profile.*	M	ID	2/2	Required

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID** **Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them **Nebraska Medicaid Directive:** *Use "MMISNEBR".*	M	AN	15/15	Required
ISA09	I08	**Interchange Date** **Description:** Date of the interchange **Industry:** *The time format is HHMM.*	M	DT	6/6	Required
ISA10	I09	**Interchange Time** **Description:** Time of the interchange **Industry:** *The time format is HHMM.*	M	TM	4/4	Required
ISA11	I10	**Interchange Control Standards Identifier** **Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer **All valid standard codes are used.**	M	ID	1/1	Required
ISA12	I11	**Interchange Control Version Number** **Description:** Code specifying the version number of the interchange control segments **Nebraska Medicaid Directive:** *Use "00401".*	M	ID	5/5	Required

Code	Name
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender **Industry:** *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.*	M	N0	9/9	Required
ISA14	I13	**Acknowledgment Requested** **Description:** Code sent by the sender to request an	M	ID	1/1	Required

interchange acknowledgment (TA1)
Industry: *See Section A.1.5.1 for interchange acknowledgment information.*
All valid standard codes are used.

ISA15	I14	**Usage Indicator** **Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information	M	ID	1/1	Required

Code	**Name**
P	Production Data
T	Test Data

ISA16	I15	**Component Element Separator** **Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M		1/1	Required

GS   Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Nebraska Medicaid Directive:
Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: http://www.hhs.state.ne.us/med/edindex.htm.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code** **Description:** Code identifying a group of application related transaction sets **Nebraska Medicaid Directive:** *Use "HC".*	M	ID	2/2	Required

Code	Name
HC	Health Care Claim (837)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code** **Description:** Code identifying party sending transmission; codes agreed to by trading partners **Industry:** *Use this code to identify the unit sending the information.* **Nebraska Medicaid Directive:** *This value cannot be "MMISNEBR". Identified on Trading Partner Profile.*	M	AN	2/15	Required
GS03	124	**Application Receiver's Code** **Description:** Code identifying party receiving transmission; codes agreed to by trading partners **Industry:** *Use this code to identify the unit receiving the information.* **Nebraska Medicaid Directive:** *Use "MMISNEBR".*	M	AN	2/15	Required
GS04	373	**Date** **Description:** Date expressed as CCYYMMDD **Industry:** *Use this date for the functional group creation date.*	M	DT	8/8	Required
GS05	337	**Time** **Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **Industry:** *Use this time for the creation time. The recommended format is HHMM.*	M	TM	4/8	Required
GS06	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	**Responsible Agency Code** **Description:** Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required

Code	Name
X	Accredited Standards Committee X12

GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Code</u>	<u>Name</u>
004010X098A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997.

ST   Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required

Description: Code uniquely identifying a Transaction Set
Industry: *The only valid value within this transaction set for ST01 is 837.*

Code	Name
837	Health Care Claim

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set
Industry: *The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.*

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	**Hierarchical Structure Code** **Description:** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required

Code	Name
0019	Information Source, Subscriber, Dependent

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT02	353	**Transaction Set Purpose Code** **Description:** Code identifying purpose of transaction set **Industry:** *BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.* *ORIGINAL: Original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.* *REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.*	M	ID	2/2	Required

Code	Name
00	Original
18	Reissue

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Originator Application Transaction Identifier*	O	AN	1/30	Required
BHT04	373	**Date** **Description:** Date expressed as CCYYMMDD **Industry:** *Transaction Set Creation Date*	O	DT	8/8	Required
BHT05	337	**Time** **Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **Industry:** *Transaction Set Creation Time*	O	TM	4/8	Required

| BHT06 | 640 | **Transaction Type Code** | O | ID | 2/2 | Required |

Description: Code specifying the type of transaction
Industry: *Claim or Encounter Identifier*

Code	**Name**
CH	Chargeable
RP	Reporting

REF Transmission Type Identification

Loop: N/A

Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
87	Functional Category

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Transmission Type Code*	C	AN	1/30	Required

NM1   Submitter Name

Loop: 1000A

Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required

      Code   **Name**
      41   Submitter

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required

      Code   **Name**
      1   Person
      2   Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Industry:** *Submitter Last or Organization Name*	O	AN	1/35	Required
NM104	1036	**Name First** **Description:** Individual first name **Industry:** *Submitter First Name*	O	AN	1/25	Used
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Industry:** *Submitter Middle Name*	O	AN	1/25	Used
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Required

      Code   **Name**
      46   Electronic Transmitter Identification Number (ETIN)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** *Submitter Identifier* **Nebraska Medicaid Directive:** *Use the 4-digit Medicaid assigned submitter ID.*	C	AN	2/80	Required

PER Submitter EDI Contact Information

Loop: 1000A

Elements: 8

User Option (Usage): Required

To identify a person or office to whom administrative communications should be directed

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code** **Description:** Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER02	93	**Name** **Description:** Free-form name **Industry:** *Submitter Contact Name*	O	AN	1/60	Required
PER03	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Required

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Industry:** *Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).* **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Used

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable	C	AN	1/80	Used
PER07	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Used

Code	Name

ED		Electronic Data Interchange Access Number				
EM		Electronic Mail				
EX		Telephone Extension				
FX		Facsimile				
TE		Telephone				

PER08	364	**Communication Number**	C	AN	1/80	Used
		Description: Complete communications number including country or area code when applicable				

NM1   Receiver Name

<table>
<tr><td>Loop: 1000B</td></tr>
<tr><td align="right">Elements: 5</td></tr>
</table>

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				

Code	Name
40	Receiver

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
		Description: Code qualifying the type of entity				

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required
		Description: Individual last name or organizational name				
		Industry: *Receiver Name*				
		Nebraska Medicaid Directive: *Use State of Nebraska.*				
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				

Code	Name
46	Electronic Transmitter Identification Number (ETIN)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: *Receiver Primary Identifier*				
		Nebraska Medicaid Directive: *Use NEMEDICAID.*				

HL Billing/Pay-to Provider Hierarchical Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number** **Description:** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **Industry:** *HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.*	M	AN	1/12	Required
HL03	735	**Hierarchical Level Code** **Description:** Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required

Code	Name
20	Information Source

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required

Code	Name
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1   **Billing Provider Name**

Loop: 2010AA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
85	Billing Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name

Industry: *Billing Provider Last or Organizational Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Used

Description: Individual first name

Industry: *Billing Provider First Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Used

Description: Individual middle name or initial

Industry: *Billing Provider Middle Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM107	1039	**Name Suffix**	O	AN	1/10	Used

Description: Suffix to individual name

Industry: *Billing Provider Name Suffix*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: *Billing Provider Identifier*

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3   Billing Provider Address

Loop: 2010AA

Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required
		Description: Address information				
		Industry: *Billing Provider Address Line*				
N302	166	**Address Information**	O	AN	1/55	Used
		Description: Address information				
		Industry: *Billing Provider Address Line*				

N4   Billing Provider City/State/ZIP Code

Loop: 2010AA

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Industry:** *Billing Provider City Name*	O	AN	2/30	Required
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Industry:** *Billing Provider State or Province Code* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Industry:** *Billing Provider Postal Zone or ZIP Code* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Required
N404	26	**Country Code** **Description:** Code identifying the country **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Used

REF   Billing Provider Secondary Identification

Loop: 2010AA

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

Nebraska Medicaid requires us of code 1D and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires on additional REF segment using Employee Identification Number (EI) or Social Security Number (SY).

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Nebraska Medicaid Directive: *Use code "1D" and the 11-digit NE Medicaid assigned provider number. If sending NPI, use code EI or SY.*

Code	Name
0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
1J	Facility ID Number
B3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number
EI	Employer's Identification Number
FH	Clinic Number
G2	Provider Commercial Number
G5	Provider Site Number
LU	Location Number
SY	Social Security Number
U3	Unique Supplier Identification Number (USIN)
X5	State Industrial Accident Provider Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Billing Provider Additional Identifier*

PER   Billing Provider Contact Information

Loop: 2010AA

Elements: 8

User Option (Usage): Used

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code** **Description:** Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER02	93	**Name** **Description:** Free-form name **Industry:** *Billing Provider Contact Name*	O	AN	1/60	Required
PER03	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Required

Code	Name
EM	Electronic Mail
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Used

Code	Name
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable	C	AN	1/80	Used
PER07	365	**Communication Number Qualifier** **Description:** Code identifying the type of communication number **Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*	C	ID	2/2	Used

Code	Name
EM	Electronic Mail

		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				

PER08	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable	C	AN	1/80	Used

HL   Subscriber Hierarchical Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number** **Description:** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number** **Description:** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code** **Description:** Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required

Code	Name
22	Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described **All valid standard codes are used.**	O	ID	1/1	Required

SBR   Subscriber Information

Loop: 2000B

Elements: 6

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required

Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim

Code	Name
P	Primary
S	Secondary
T	Tertiary

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Used

Description: Code indicating the relationship between two individuals or entities

Code	Name
18	Self

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR03	127	**Reference Identification**	O	AN	1/30	Used

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Insured Group or Policy Number*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR04	93	**Name**	O	AN	1/60	Used

Description: Free-form name
Industry: *Insured Group Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR05	1336	**Insurance Type Code**	O	ID	1/3	Used

Description: Code identifying the type of insurance policy within a specific insurance program

Code	Name
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Used

Description: Code identifying type of claim
Nebraska Medicaid Directive: *Use code "MC" for all claims submitted to NE Medicaid. No other value is allowed.*

Code	Name
MC	Medicaid

PAT Patient Information

Loop: 2000B

Elements: 5

User Option (Usage): Used

To supply patient information

Nebraska Medicaid Directive:
Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PAT05	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	C	ID	2/3	Used

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PAT06	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Insured Individual Death Date* **Nebraska Medicaid Directive:** *Required if patient is known to be deceased.*	C	AN	1/35	Used
PAT07	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	C	ID	2/2	Used

Code	Name
01	Actual Pounds

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PAT08	81	**Weight** **Description:** Numeric value of weight **Industry:** *Patient Weight*	C	R	1/10	Used
PAT09	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *Pregnancy Indicator* **Nebraska Medicaid Directive:** *Required if patient is known to be pregnant.*	O	ID	1/1	Used

Code	Name
Y	Yes

NM1 Subscriber Name

Loop: 2010BA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

If the patient is an "ineligible mother" (eligible under the unborn baby's mother), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required

Code	Name
IL	Insured or Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Industry:** *Subscriber Last Name*	O	AN	1/35	Required
NM104	1036	**Name First** **Description:** Individual first name **Industry:** *Subscriber First Name*	O	AN	1/25	Used
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Industry:** *Subscriber Middle Name*	O	AN	1/25	Used
NM107	1039	**Name Suffix** **Description:** Suffix to individual name **Industry:** *Subscriber Name Suffix*	O	AN	1/10	Used
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Nebraska Medicaid Directive:** *Code "MI" and the HIC number can be used on claims submitted by Medicare only.* *Use code "MI" and the 11-digit NE Medicaid assigned Recipient ID number for all other claims.*	C	ID	1/2	Used

Code	Name
MI	Member Identification Number
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** *Subscriber Primary Identifier*	C	AN	2/80	Used

N3   Subscriber Address

Loop: 2010BA

Elements: 2

User Option (Usage): Used

To specify the location of the named party

Nebraska Medicaid Directive:
Required by NE Medicaid.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information** **Description:** Address information **Industry:** *Subscriber Address Line*	M	AN	1/55	Required
N302	166	**Address Information** **Description:** Address information **Industry:** *Subscriber Address Line*	O	AN	1/55	Used

N4   Subscriber City/State/ZIP Code

Loop: 2010BA

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Industry:** *Subscriber City Name*	O	AN	2/30	Required
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Industry:** *Subscriber State Code* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Industry:** *Subscriber Postal Zone or ZIP Code* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Required
N404	26	**Country Code** **Description:** Code identifying the country **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Used

DMG   Subscriber Demographic Information

Loop: 2010BA

Elements: 3

User Option (Usage): Used

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid. NOTE: If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's date of birth (DMG02) and sex (DMG03).

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	C	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Subscriber Birth Date*	C	AN	1/35	Required
DMG03	1068	**Gender Code** **Description:** Code indicating the sex of the individual **Industry:** *Subscriber Gender Code*	O	ID	1/1	Required

Code	Name
F	Female
M	Male
U	Unknown

NM1   Payer Name

Loop: 2010BB

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name

Industry: *Payer Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Nebraska Medicaid Directive: *Use code "PI".*

Code	Name
PI	Payor Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: *Payer Identifier*

Nebraska Medicaid Directive: *Use "NEMEDICAID".*

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

CLM   Claim Information

Loop: 2300

Elements: 12

User Option (Usage): Required

To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM01	1028	**Claim Submitter's Identifier**	M	AN	1/38	Required

Description: Identifier used to track a claim from creation by the health care provider through payment
Industry: *Patient Account Number*
Nebraska Medicaid Directive: *The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.*
The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM02	782	**Monetary Amount**	O	R	1/18	Required

Description: Monetary amount
Industry: *Total Claim Charge Amount*
Nebraska Medicaid Directive: *For encounter transmissions, zero (0) may be a valid amount.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM05	C023	**Health Care Service Location Information**	O	Comp		Required

Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered
Nebraska Medicaid Directive: *CLM05 applies to all service lines unless it is over written at the line level.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	1331	**Facility Code Value**	M	AN	1/2	Required

Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format
Industry: *Facility Type Code*
Nebraska Medicaid Directive: *Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported*

in this transaction and take precedence over any and all codes listed here.

11 Office
12 Home
21 Inpatient Hospital
22 Outpatient Hospital
23 Emergency Room - Hospital
24 Ambulatory Surgical Center
25 Birthing Center
26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
51 Inpatient Psychiatric Facility
52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Facility
56 Psychiatric Residential Treatment Center
50 Federally Qualified Health Center
60 Mass Immunization Center
61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
65 End Stage Renal Disease Treatment Facility
71 State or Local Public Health Clinic
72 Rural Health Clinic
81 Independent Laboratory
99 Other Unlisted Facility

ExternalCodeList

Name: 237

Description: Place of Service from Health Care Financing Administration Claim Form

	1325	**Claim Frequency Type Code** **Description:** Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type **Industry:** *Claim Frequency Code*	O	ID	1/1	Required

ExternalCodeList

Name: 235

Description: Claim Frequency Type Code

CLM06	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *Provider or Supplier Signature Indicator*	O	ID	1/1	Required

Code	**Name**
N	No
Y	Yes

CLM07	1359	**Provider Accept Assignment Code** **Description:** Code indicating whether the provider accepts assignment **Industry:** *Medicare Assignment Code* **Nebraska Medicaid Directive:** *CLM07 indicates whether the provider accepts Medicare assignment. The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.* **All valid standard codes are used.**	O	ID	1/1	Required
CLM08	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *Benefits Assignment Certification Indicator*	O	ID	1/1	Required

		Code **Name**				
		N No				
		Y Yes				
CLM09	1363	**Release of Information Code** **Description:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations **All valid standard codes are used.**	O	ID	1/1	Required
CLM10	1351	**Patient Signature Source Code** **Description:** Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider **Nebraska Medicaid Directive:** *CLM10 is required except in cases where code "N" is used in CLM09.* **All valid standard codes are used.**	O	ID	1/1	Used
CLM11	C024	**Related Causes Information** **Description:** To identify one or more related causes and associated state or country information **Nebraska Medicaid Directive:** *CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0. 2440 If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.*	O	Comp		Used
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** *Related Causes Code* **Code** **Name** AA Auto Accident AP Another Party Responsible EM Employment OA Other Accident	M	ID	2/3	Required
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** *Related Causes Code* **Nebraska Medicaid Directive:** *Used if more than one code applies.* **Code** **Name** AA Auto Accident AP Another Party Responsible EM Employment OA Other Accident	O	ID	2/3	Used
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** *Related Causes Code* **Nebraska Medicaid Directive:** *Used if more than one code applies.* **Code** **Name** AA Auto Accident AP Another Party Responsible EM Employment OA Other Accident	O	ID	2/3	Used
	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency	O	ID	2/2	Used

		Industry: *Auto Accident State or Province Code* **Nebraska Medicaid Directive:** *Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).*				

ExternalCodeList

Name: 22

Description: States and Outlying Areas of the U.S.

	26	**Country Code**	O	ID	2/3	Used

Description: Code identifying the country

Nebraska Medicaid Directive: *Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.*

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

CLM12	1366	**Special Program Code**	O	ID	2/3	Used

Description: Code indicating the Special Program under which the services rendered to the patient were performed

Industry: *Special Program Indicator*

Nebraska Medicaid Directive: *Required if the services were rendered under one of the following circumstances/programs/projects.*

Code	Name
01	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
02	Physically Handicapped Children's Program
03	Special Federal Funding
05	Disability
07	Induced Abortion - Danger to Life
08	Induced Abortion - Rape or Incest
09	Second Opinion or Surgery

CLM16	1360	**Provider Agreement Code**	O	ID	1/1	Used

Description: Code indicating the type of agreement under which the provider is submitting this claim

Industry: *Participation Agreement*

Nebraska Medicaid Directive: *Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.*

Code	Name
P	Participation Agreement

CLM20	1514	**Delay Reason Code**	O	ID	1/2	Used

Description: Code indicating the reason why a request was delayed

Nebraska Medicaid Directive: *This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.*

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

Code	Name
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider

5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

DTP   Date - Initial Treatment

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Industry: *Date Time Qualifier*

Code	Name
454	Initial Treatment

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Initial Treatment Date*

DTP   Date - Onset of Current Illness/Symptom

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
		Description: Code specifying type of date or time, or both date and time				
		Industry: *Date Time Qualifier*				

Code	Name
431	Onset of Current Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: *Onset of Current Illness or Injury Date*				

DTP **Date - Acute Manifestation**

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
453	Acute Manifestation of a Chronic Condition

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Acute Manifestation Date*

DTP   Date - Similar Illness/Symptom Onset

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
		Description: Code specifying type of date or time, or both date and time				
		Industry: *Date Time Qualifier*				

Code	Name
438	Onset of Similar Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: *Similar Illness or Symptom Date*				

DTP   **Date - Accident**

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Industry:** *Date Time Qualifier*	M	ID	3/3	Required

Code	Name
439	Accident

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD
DT	Date and Time Expressed in Format CCYYMMDDHHMM

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Accident Date*	M	AN	1/35	Required

DTP   Date - Last X-ray

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Industry:** *Date Time Qualifier*	M	ID	3/3	Required

Code	Name
455	Last X-Ray

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Last X-Ray Date*	M	AN	1/35	Required

DTP | Date - Hearing and Vision Prescription Date

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time Industry: *Date Time Qualifier*	M	ID	3/3	Required

Code	Name
471	Prescription

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: *Prescription Date*	M	AN	1/35	Required

DTP   Date - Admission

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Industry:** *Date Time Qualifier*	M	ID	3/3	Required

Code	Name
435	Admission

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Related Hospitalization Admission Date*	M	AN	1/35	Required

DTP   **Date - Discharge**

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
096	Discharge

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Related Hospitalization Discharge Date*

PWK   Claim Supplemental Information

Loop: 2300

Elements: 4

User Option (Usage): Used

To identify the type or transmission or both of paperwork or supporting information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PWK01	755	**Report Type Code**	M	ID	2/2	Required

Description: Code indicating the title or contents of a document, report or supporting item
Industry: *Attachment Report Type Code*

Code	Name
77	Support Data for Verification
AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
DG	Diagnostic Report
DS	Discharge Summary
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
MT	Models
NN	Nursing Notes
OB	Operative Note
OZ	Support Data for Claim
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PWK02	756	**Report Transmission Code**	O	ID	1/2	Required

Description: Code defining timing, transmission method or format by which reports are to be sent
Industry: *Attachment Transmission Code*

Code	Name
AA	Available on Request at Provider Site
BM	By Mail
EL	Electronically Only
EM	E-Mail
FX	By Fax

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PWK05	66	**Identification Code Qualifier**	C	ID	1/2	Used

Description: Code designating the system/method of code structure used for Identification Code (67)
Nebraska Medicaid Directive: *Required if PWK02 = "BM", "EL", "EM" or "FX".*

Code	Name
AC	Attachment Control Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PWK06	67	**Identification Code**	C	AN	2/80	Used

Description: Code identifying a party or other code
Industry: *Attachment Control Number*
Nebraska Medicaid Directive: *Required if PWK02 = "BM", "EL", "EM" or "FX".*

AMT   Patient Amount Paid

Loop: 2300

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
F5	Patient Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Patient Amount Paid*

REF   Service Authorization Exception Code

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
4N	Special Payment Reference Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Service Authorization Exception Code*

Code	Name
1	Immediate/Urgent Care
2	Services Rendered in a Retroactive Period
3	Emergency Care
4	Client as Temporary Medicaid
5	Request from County for Second Opinion to Recipient can Work
6	Request for Override Pending
7	Special Handling

REF Prior Authorization or Referral Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
9F	Referral Number
G1	Prior Authorization Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Prior Authorization or Referral Number*	C	AN	1/30	Required

REF Original Reference Number (ICN/DCN)

<table>
<tr><td>Loop: 2300</td></tr>
<tr><td>Elements: 2</td></tr>
</table>

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
F8	Original Reference Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Claim Original Reference Number*	C	AN	1/30	Required

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification				

Code	Name
X4	Clinical Laboratory Improvement Amendment Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: *Clinical Laboratory Improvement Amendment Number*				

REF Medical Record Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
EA	Medical Record Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Medical Record Number*	C	AN	1/30	Required

NTE   Claim Note

Loop: 2300

Elements: 2

User Option (Usage): Used

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required

Description: Code identifying the functional area or purpose for which the note applies

Code	Name
ADD	Additional Information
CER	Certification Narrative
DCP	Goals, Rehabilitation Potential, or Discharge Plans
DGN	Diagnosis Description
PMT	Payment
TPO	Third Party Organization Notes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE02	352	**Description**	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content
Industry: *Claim Note Text*

CR1 Ambulance Transport Information

Loop: 2300
Elements: 8

User Option (Usage): Used

To supply information related to the ambulance service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR101	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Nebraska Medicaid Directive:** *Required if needed to justify extra ambulance services.*	C	ID	2/2	Used

Code	Name
LB	Pound

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR102	81	**Weight** **Description:** Numeric value of weight **Industry:** *Patient Weight* **Nebraska Medicaid Directive:** *Required if needed to justify extra ambulance services.*	C	R	1/10	Used
CR103	1316	**Ambulance Transport Code** **Description:** Code indicating the type of ambulance transport **All valid standard codes are used.**	O	ID	1/1	Required
CR104	1317	**Ambulance Transport Reason Code** **Description:** Code indicating the reason for ambulance transport	O	ID	1/1	Required

Code	Name
A	Patient was transported to nearest facility for care of symptoms, complaints, or both
B	Patient was transported for the benefit of a preferred physician
C	Patient was transported for the nearness of family members
D	Patient was transported for the care of a specialist or for availability of specialized equipment
E	Patient Transferred to Rehabilitation Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR105	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	C	ID	2/2	Required

Code	Name
DH	Miles

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR106	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Transport Distance* **Nebraska Medicaid Directive:** *NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.*	C	R	1/15	Required
CR109	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Round Trip Purpose Description* **Nebraska Medicaid Directive:** *Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.*	O	AN	1/80	Used

| CR110 | 352 | **Description** | O | AN | 1/80 | Used |

Description: A free-form description to clarify the related data elements and their content
Industry: *Stretcher Purpose Description*
Nebraska Medicaid Directive: *Required if needed to justify usage of stretcher.*

CR2 Spinal Manipulation Service Information

Loop: 2300

Elements: 4

User Option (Usage): Used

To supply information related to the chiropractic service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR208	1342	**Nature of Condition Code** **Description:** Code indicating the nature of a patient's condition **Industry:** *Patient Condition Code* **All valid standard codes are used.**	O	ID	1/1	Required
CR210	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Patient Condition Description* **Nebraska Medicaid Directive:** *Used at discretion of submitter.*	O	AN	1/80	Used
CR211	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Patient Condition Description* **Nebraska Medicaid Directive:** *Used at discretion of submitter.*	O	AN	1/80	Used
CR212	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *X-ray Availability Indicator* **Nebraska Medicaid Directive:** *Required for service dates prior to January 1, 2000.*	O	ID	1/1	Used

Code	Name
N	No
Y	Yes

CRC   Ambulance Certification

Loop: 2300

Elements: 7

User Option (Usage): Used

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC01	1136	**Code Category**	M	ID	2/2	Required

Description: Specifies the situation or category to which the code applies

Code	Name
07	Ambulance Certification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Certification Condition Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *The codes for CRC03 also can be used for CRC04 through CRC07.*

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC04	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed.*
Use the codes listed in CRC03.

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary

	60	Transportation Was To the Nearest Facility				
CRC05	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

CRC06	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

CRC07	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

CRC   Patient Condition Information: Vision

Loop: 2300

Elements: 7

User Option (Usage): Used

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC01	1136	**Code Category**	M	ID	2/2	Required

Description: Specifies the situation or category to which the code applies

Code	Name
E1	Spectacle Lenses
E2	Contact Lenses
E3	Spectacle Frames

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Certification Condition Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required

Description: Code indicating a condition
Industry: *Condition Code*

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC04	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC05	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	Name
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft

		L3	Replacement Due to Breakage or Damage		
		L4	Replacement Due to Patient Preference		
		L5	Replacement Due to Medical Reason		

CRC06 1321 **Condition Indicator**   O   ID   2/2   Used
Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	**Name**
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

CRC07 1321 **Condition Indicator**   O   ID   2/2   Used
Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	**Name**
L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

CRC   EPSDT Referral

<div style="border:1px solid black">

Loop: 2300

Elements: 5
</div>

User Option (Usage): Used

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC01	1136	**Code Category**	M	ID	2/2	Required

Description: Specifies the situation or category to which the code applies

Code	Name
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Certification Condition Indicator*
Nebraska Medicaid Directive: *Was an EPSDT referral given to the patient?*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *The codes for CRC03 also can be used for CRC04 through CRC07.*

Code	Name
AV	Available - Not Used
NU	Not Used
S2	Under Treatment
ST	New Services Requested

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC04	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	Name
AV	Available - Not Used
NU	Not Used
S2	Under Treatment
ST	New Services Requested

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC05	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Use codes listed in CRC03.*
Required if additional condition codes are needed.

Code	Name
AV	Available - Not Used
NU	Not Used
S2	Under Treatment

ST   New Services Requested

HI — Health Care Diagnosis Code

Loop: 2300

Elements: 8

User Option (Usage): Used

To supply information related to the delivery of health care

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HI01	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities **Nebraska Medicaid Directive:** *With a few exceptions, it is not recommended to put E codes in HI01. E codes may be put in any other HI element using BF as the qualifier.* *The diagnosis listed in this element is assumed to be the principal diagnosis.*	M	Comp		Required
	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Industry:** *Diagnosis Type Code*	M	ID	1/3	Required

Code	Name
BK	Principal Diagnosis

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	1271	**Industry Code** **Description:** Code indicating a code from a specific industry code list **Industry:** *Diagnosis Code*	M	AN	1/30	Required

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HI02	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities **Nebraska Medicaid Directive:** *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.* *Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.*	O	Comp		Used
	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Industry:** *Diagnosis Type Code*	M	ID	1/3	Required

Code	Name
BF	Diagnosis

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	1271	**Industry Code** **Description:** Code indicating a code from a specific industry code list **Industry:** *Diagnosis Code*	M	AN	1/30	Required

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HI03	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities	O	Comp		Used

Nebraska Medicaid Directive: *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.*
Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.

| | 1270 | **Code List Qualifier Code** | M | ID | 1/3 | Required |

Description: Code identifying a specific industry code list
Industry: *Diagnosis Type Code*

Code	**Name**
BF	Diagnosis

| | 1271 | **Industry Code** | M | AN | 1/30 | Required |

Description: Code indicating a code from a specific industry code list
Industry: *Diagnosis Code*

ExternalCodeList
Name: 131
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

| HI04 | C022 | **Health Care Code Information** | O | Comp | | Used |

Description: To send health care codes and their associated dates, amounts and quantities
Nebraska Medicaid Directive: *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.*
Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.

| | 1270 | **Code List Qualifier Code** | M | ID | 1/3 | Required |

Description: Code identifying a specific industry code list
Industry: *Diagnosis Type Code*

Code	**Name**
BF	Diagnosis

| | 1271 | **Industry Code** | M | AN | 1/30 | Required |

Description: Code indicating a code from a specific industry code list
Industry: *Diagnosis Code*

ExternalCodeList
Name: 131
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

| HI05 | C022 | **Health Care Code Information** | O | Comp | | Used |

Description: To send health care codes and their associated dates, amounts and quantities
Nebraska Medicaid Directive: *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.*
Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.

| | 1270 | **Code List Qualifier Code** | M | ID | 1/3 | Required |

Description: Code identifying a specific industry code list
Industry: *Diagnosis Type Code*

Code	**Name**
BF	Diagnosis

| | 1271 | **Industry Code** | M | AN | 1/30 | Required |

Description: Code indicating a code from a specific industry code list
Industry: *Diagnosis Code*

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI06	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities **Nebraska Medicaid Directive:** *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.* *Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.*	O	Comp		Used
	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Industry:** *Diagnosis Type Code*	M	ID	1/3	Required

Code	**Name**
BF	Diagnosis

	1271	**Industry Code** **Description:** Code indicating a code from a specific industry code list **Industry:** *Diagnosis Code*	M	AN	1/30	Required

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI07	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities **Nebraska Medicaid Directive:** *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.* *Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.*	O	Comp		Used
	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Industry:** *Diagnosis Type Code*	M	ID	1/3	Required

Code	**Name**
BF	Diagnosis

	1271	**Industry Code** **Description:** Code indicating a code from a specific industry code list **Industry:** *Diagnosis Code*	M	AN	1/30	Required

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI08	C022	**Health Care Code Information** **Description:** To send health care codes and their associated dates, amounts and quantities **Nebraska Medicaid Directive:** *Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.* *Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.*	O	Comp		Used
	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Industry:** *Diagnosis Type Code*	M	ID	1/3	Required

Code	**Name**
BF	Diagnosis

| 1271 | **Industry Code** | M | AN | 1/30 | Required |

Description: Code indicating a code from a specific industry code list

Industry: *Diagnosis Code*

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

NM1   Referring Provider Name

Loop: 2310A

Elements: 8

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
Nebraska Medicaid Directive: *The entity identifier in NM101 applies to all segments in this Loop ID-2310.*

Code	Name
DN	Referring Provider
P3	Primary Care Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Industry: *Referring Provider Last Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Used

Description: Individual first name
Industry: *Referring Provider First Name*
Nebraska Medicaid Directive: *Required if NM102=1 (person).*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Used

Description: Individual middle name or initial
Industry: *Referring Provider Middle Name*
Nebraska Medicaid Directive: *Required if NM102=1 and the middle name/initial of the person is known.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM107	1039	**Name Suffix**	O	AN	1/10	Used

Description: Suffix to individual name
Industry: *Referring Provider Name Suffix*
Nebraska Medicaid Directive: *Required if known.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Used

Description: Code designating the system/method of code structure used for Identification Code (67)
Nebraska Medicaid Directive: *Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.*

Code	Name
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Used

Description: Code identifying a party or other code
Industry: *Referring Provider Identifier*
Nebraska Medicaid Directive: *Required if*

Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF   Referring Provider Secondary Identification

Loop: 2310A

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Nebraska Medicaid Directive: *Use code "0B".*

Code	Name
0B	State License Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
EI	Employer's Identification Number
G2	Provider Commercial Number
LU	Location Number
N5	Provider Plan Network Identification Number
SY	Social Security Number
X5	State Industrial Accident Provider Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Referring Provider Secondary Identifier*

NM1   Rendering Provider Name

Loop: 2310B

Elements: 8

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Nebraska Medicaid Directive: *Use code "77" only.*

Code	Name
82	Rendering Provider

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name

Industry: *Rendering Provider Last or Organization Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Used

Description: Individual first name

Industry: *Rendering Provider First Name*

Nebraska Medicaid Directive: *Required if NM102=1 (person).*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Used

Description: Individual middle name or initial

Industry: *Rendering Provider Middle Name*

Nebraska Medicaid Directive: *Required if NM102=1 and the middle name/initial of the person is known.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM107	1039	**Name Suffix**	O	AN	1/10	Used

Description: Suffix to individual name

Industry: *Rendering Provider Name Suffix*

Nebraska Medicaid Directive: *Required if known.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Nebraska Medicaid Directive: *When using NPI (XX) or Employee Identification Number (24), Nebraska Medicaid requires a REF segment with Social Security Number (SY) as a secondary ID.*

Code	Name
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: *Rendering Provider Identifier*

Nebraska Medicaid Directive: *FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.*

ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

REF   Rendering Provider Secondary Identification

Loop: 2310B

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

When using NPI (XX) or Employee Identification Number (EI), Nebraska Medicaid requires an additional REF segment using Social Security Number (SY).

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Nebraska Medicaid Directive: *Use code "SY" and report Social Security Number as a 9-digit all numeric value (no dashes).*

Code	Name
0B	State License Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
EI	Employer's Identification Number
G2	Provider Commercial Number
LU	Location Number
N5	Provider Plan Network Identification Number
SY	Social Security Number
X5	State Industrial Accident Provider Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Rendering Provider Secondary Identifier*	C	AN	1/30	Required

NM1 Service Facility Location

Loop: 2310D

Elements: 5

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
Nebraska Medicaid Directive: *Use code "77" only.*

Code	Name
77	Service Location

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Used

Description: Individual last name or organizational name
Industry: *Laboratory or Facility Name*
Nebraska Medicaid Directive: *Required except when service was rendered in the patient's home.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Used

Description: Code designating the system/method of code structure used for Identification Code (67)
Nebraska Medicaid Directive: *Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.*

Code	Name
24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Used

Description: Code identifying a party or other code
Industry: *Laboratory or Facility Primary Identifier*
Nebraska Medicaid Directive: *Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.*

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3 Service Facility Location Address

Loop: 2310D

Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information** **Description:** Address information **Industry:** *Laboratory or Facility Address Line*	M	AN	1/55	Required
N302	166	**Address Information** **Description:** Address information **Industry:** *Laboratory or Facility Address Line* **Nebraska Medicaid Directive:** *Required if a second address line exists.*	O	AN	1/55	Used

N4 Service Facility Location City/State/ZIP

Loop: 2310D

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Industry:** *Laboratory or Facility City Name*	O	AN	2/30	Required
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Industry:** *Laboratory or Facility State or Province Code* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Industry:** *Laboratory or Facility Postal Zone or ZIP Code* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Required
N404	26	**Country Code** **Description:** Code identifying the country **Nebraska Medicaid Directive:** *Required if the address is out of the U.S.* **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Used

SBR Other Subscriber Information

| Loop: 2320 |
| Elements: 6 |

User Option (Usage): Used

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required

Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim

Code	Name
P	Primary
S	Secondary
T	Tertiary

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

Code	Name
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
18	Self
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner
G8	Other Relationship

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR03	127	**Reference Identification**	O	AN	1/30	Used

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Insured Group or Policy Number*
Nebraska Medicaid Directive: *Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that*

uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).

SBR04	93	**Name**	O	AN	1/60	Used

Description: Free-form name
Industry: *Other Insured Group Name*
Nebraska Medicaid Directive: *Required if the subscriber's payer identification includes a Group or Plan Name.*

SBR05	1336	**Insurance Type Code**	O	ID	1/3	Required

Description: Code identifying the type of insurance policy within a specific insurance program

<u>Code</u>	<u>Name</u>
AP	Auto Insurance Policy
C1	Commercial
CP	Medicare Conditionally Primary
GP	Group Policy
HM	Health Maintenance Organization (HMO)
IP	Individual Policy
LD	Long Term Policy
LT	Litigation
MB	Medicare Part B
MC	Medicaid
MI	Medigap Part B
MP	Medicare Primary
OT	Other
PP	Personal Payment (Cash - No Insurance)
SP	Supplemental Policy

SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Used

Description: Code identifying type of claim
Nebraska Medicaid Directive: *Required prior to mandated used of PlanID. Not used after PlanID is mandated.*

<u>Code</u>	<u>Name</u>
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

CAS   Claim Level Adjustments

Loop: 2320

Elements: 19

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code** **Description:** Code identifying the general category of payment adjustment	M	ID	1/2	Required

Code   **Name**
CO   Contractual Obligations
CR   Correction and Reversals
OA   Other adjustments
PI   Payor Initiated Reductions
PR   Patient Responsibility

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS02	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code*	M	ID	1/5	Required

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS03	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Adjustment Amount*	M	R	1/18	Required
CAS04	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	O	R	1/15	Used
CAS05	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	ID	1/5	Used

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS06	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Adjustment Amount* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/18	Used
CAS07	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/15	Used
CAS08	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code*	C	ID	1/5	Used

Nebraska Medicaid Directive: *Use as needed to show payer adjustment.*

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

CAS09	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Adjustment Amount* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/18	Used
CAS10	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/15	Used
CAS11	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	ID	1/5	Used

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

CAS12	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Adjustment Amount* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/18	Used
CAS13	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/15	Used
CAS14	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	ID	1/5	Used

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

CAS15	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Adjustment Amount* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/18	Used
CAS16	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	R	1/15	Used
CAS17	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Industry:** *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.*	C	ID	1/5	Used

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

CAS18	782	**Monetary Amount**	C	R	1/18	Used

Description: Monetary amount
Industry: *Adjustment Amount*
Nebraska Medicaid Directive: *Use as needed to show payer adjustment.*

CAS19	380	**Quantity**	C	R	1/15	Used

Description: Numeric value of quantity
Industry: *Adjustment Quantity*
Nebraska Medicaid Directive: *Use as needed to show payer adjustment.*

AMT

Coordination of Benefits (COB) Payer Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
D	Payor Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Payer Paid Amount*
Nebraska Medicaid Directive: *This is a crosswalk from CLP04 in 835 when doing COB.*

AMT   Coordination of Benefits (COB) Approved Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
AAE	Approved Amount

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Approved Amount*

AMT   Coordination of Benefits (COB) Allowed Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
B6	Allowed - Actual

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Allowed Amount*

AMT

Coordination of Benefits (COB) Patient Responsibility Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
F2	Patient Responsibility - Actual

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Other Payer Patient Responsibility Amount*
Nebraska Medicaid Directive: *This is a crosswalk from CLP05 in 835 when doing COB.*

AMT   Coordination of Benefits (COB) Covered Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
AU	Coverage Amount

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Other Payer Covered Amount*
Nebraska Medicaid Directive: *This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.*

AMT Coordination of Benefits (COB) Discount Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
D8	Discount Amount

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Other Payer Discount Amount*
Nebraska Medicaid Directive: *This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8.*

AMT   Coordination of Benefits (COB) Patient Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
F5	Patient Amount Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Other Payer Patient Paid Amount*
Nebraska Medicaid Directive: *This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = F5.*

DMG Subscriber Demographic Information

Loop: 2320

Elements: 3

User Option (Usage): Used

To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period**	C	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Other Insured Birth Date*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG03	1068	**Gender Code**	O	ID	1/1	Required

Description: Code indicating the sex of the individual
Industry: *Other Insured Gender Code*

Code	Name
F	Female
M	Male
U	Unknown

OI   Other Insurance Coverage Information

Loop: 2320

Elements: 3

User Option (Usage): Used

To specify information associated with other health insurance coverage

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
OI03	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Benefits Assignment Certification Indicator*
Nebraska Medicaid Directive: *This is a crosswalk from CLM08 when doing COB.*

Code	Name
N	No
Y	Yes

OI04	1351	**Patient Signature Source Code**	O	ID	1/1	Used

Description: Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider
Nebraska Medicaid Directive: *Required except in cases where "N" is used in OI06.*
This is a crosswalk from CLM10 when doing COB.
All valid standard codes are used.

OI06	1363	**Release of Information Code**	O	ID	1/1	Required

Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations
Nebraska Medicaid Directive: *This is a crosswalk from CLM09 when doing COB.*
All valid standard codes are used.

MOA Medicare Outpatient Adjudication Information

Loop: 2320

Elements: 9

User Option (Usage): Used

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
MOA01	954	**Percent** **Description:** Percentage expressed as a decimal **Industry:** *Reimbursement Rate* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	R	1/10	Used
MOA02	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *HCPCS Payable Amount* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	R	1/18	Used
MOA03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Remark Code* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).* **ExternalCodeList** **Name:** 411 **Description:** Remittance Remark Codes	O	AN	1/30	Used
MOA04	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Remark Code* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).* **ExternalCodeList** **Name:** 411 **Description:** Remittance Remark Codes	O	AN	1/30	Used
MOA05	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Remark Code* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).* **ExternalCodeList** **Name:** 411 **Description:** Remittance Remark Codes	O	AN	1/30	Used
MOA06	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Remark Code* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	AN	1/30	Used

		ExternalCodeList **Name:** 411 **Description:** Remittance Remark Codes				
MOA07	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Remark Code* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	AN	1/30	Used
		ExternalCodeList **Name:** 411 **Description:** Remittance Remark Codes				
MOA08	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *End Stage Renal Disease Payment Amount* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	R	1/18	Used
MOA09	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Non-Payable Professional Component Billed Amount* **Nebraska Medicaid Directive:** *Required if returned in the electronic remittance advice (835).*	O	R	1/18	Used

NM1   Other Subscriber Name

Loop: 2330A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required

Code   **Name**
IL   Insured or Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required

Code   **Name**
1   Person
2   Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Industry:** *Other Insured Last Name*	O	AN	1/35	Required
NM104	1036	**Name First** **Description:** Individual first name **Industry:** *Other Insured First Name* **Nebraska Medicaid Directive:** *Required if NM102=1 (person).*	O	AN	1/25	Used
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Industry:** *Other Insured Middle Name* **Nebraska Medicaid Directive:** *Required if NM102=1 and the middle name/initial of the person is known.*	O	AN	1/25	Used
NM107	1039	**Name Suffix** **Description:** Suffix to individual name **Industry:** *Other Insured Name Suffix* **Nebraska Medicaid Directive:** *Required if known. Examples: I, II, III, IV, Jr, Sr*	O	AN	1/10	Used
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Required

Code   **Name**
MI   Member Identification Number
ZZ   Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** *Other Insured Identifier*	C	AN	2/80	Required

N3   Other Subscriber Address

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information** **Description:** Address information **Industry:** *Other Insured Address Line*	M	AN	1/55	Required
N302	166	**Address Information** **Description:** Address information **Industry:** *Other Insured Address Line* **Nebraska Medicaid Directive:** *Required if a second address line exists.*	O	AN	1/55	Used

N4   Other Subscriber City/State/ZIP Code

Loop: 2330A

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name** **Description:** Free-form text for city name **Industry:** *Other Insured City Name* **Nebraska Medicaid Directive:** *Required when information is available.*	O	AN	2/30	Used
N402	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency **Industry:** *Other Insured State Code* **Nebraska Medicaid Directive:** *Required when information is available.* **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	O	ID	2/2	Used
N403	116	**Postal Code** **Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **Industry:** *Other Insured Postal Zone or ZIP Code* **Nebraska Medicaid Directive:** *Required when information is available.* **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	O	ID	3/15	Used
N404	26	**Country Code** **Description:** Code identifying the country **Nebraska Medicaid Directive:** *Required if the address is out of the U.S.* **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Used

REF Other Subscriber Secondary Identification

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
1W	Member Identification Number
23	Client Number
IG	Insurance Policy Number
SY	Social Security Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Other Insured Additional Identifier*

NM1 Other Payer Name

Loop: 2330B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name

Industry: *Other Payer Last or Organization Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
PI	Payor Identification
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: *Other Payer Primary Identifier*

Nebraska Medicaid Directive: *This number must be identical to SVD01 (Loop ID-2430) for COB.*

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

PER   Other Payer Contact Information

Loop: 2330B

Elements: 8

User Option (Usage): Used

To identify a person or office to whom administrative communications should be directed

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named

Code	Name
IC	Information Contact

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER02	93	**Name**	O	AN	1/60	Required

Description: Free-form name
Industry: *Other Payer Contact Name*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required

Description: Code identifying the type of communication number

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Required

Description: Complete communications number including country or area code when applicable

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Used

Description: Code identifying the type of communication number
Nebraska Medicaid Directive: *Used at the discretion of the submitter.*

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number**	C	AN	1/80	Used

Description: Complete communications number including country or area code when applicable
Nebraska Medicaid Directive: *Used at the discretion of the submitter.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Used

Description: Code identifying the type of communication number
Nebraska Medicaid Directive: *Used at the discretion of the submitter.*

Code	Name
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

| PER08 | 364 | **Communication Number** | C | AN | 1/80 | Used |

Description: Complete communications number including country or area code when applicable
Nebraska Medicaid Directive: *Used at the discretion of the submitter.*

DTP Claim Adjudication Date

Loop: 2330B

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
573	Date Claim Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Adjudication or Payment Date*

REF   Other Payer Secondary Identifier

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
2U	Payer Identification Number
F8	Original Reference Number
FY	Claim Office Number
NF	National Association of Insurance Commissioners (NAIC) Code
TJ	Federal Taxpayer's Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Other Payer Secondary Identifier*

Nebraska Medicaid Directive: *The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.*

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

REF Other Payer Claim Adjustment Indicator

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
T4	Signal Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Other Payer Claim Adjustment Indicator*
Nebraska Medicaid Directive: *Allowable values are "Y" indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a re-adjudicated version of that claim.*

NM1   Other Payer Patient Information

Loop: 2330C

Elements: 4

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
QC	Patient

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity

Code	Name
1	Person

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)

Code	Name
MI	Member Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Other Payer Patient Primary Identifier*

REF   Other Payer Patient Identification

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Loop: 2330C

Elements: 2

</div>

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
1W	Member Identification Number
23	Client Number
IG	Insurance Policy Number
SY	Social Security Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Other Payer Patient Secondary Identifier*	C	AN	1/30	Required

LX   Service Line

Loop: 2400

Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number**	M	N0	1/6	Required

Description: Number assigned for differentiation within a transaction set

Nebraska Medicaid Directive: *The service line number incremented by 1 for each service line.*

SV1   Professional Service

<table>
<tr><td>Loop: 2400</td></tr>
<tr><td>Elements: 10</td></tr>
</table>

User Option (Usage): Required

To specify the claim service detail for a Health Care professional

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV101	C003	**Composite Medical Procedure Identifier** **Description:** To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required
	235	**Product/Service ID Qualifier** **Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234) **Industry:** *Product or Service ID Qualifier* **Nebraska Medicaid Directive:** *Use "HC" only.*	M	ID	2/2	Required

Code	Name
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	234	**Product/Service ID** **Description:** Identifying number for a product or service **Industry:** *Procedure Code* **Nebraska Medicaid Directive:** *See Web site for national code replacements of locally assigned procedure codes and modifiers at "www.hhs.state.ne.us/med/medindex.htm".*	M	AN	1/48	Required

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 513

Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the first procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the second procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined	O	AN	2/2	Used

		by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the third procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*				
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the fourth procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
SV102	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Line Item Charge Amount* **Nebraska Medicaid Directive:** *For encounter transmissions, zero (0) may be a valid amount.*	O	R	1/18	Required
SV103	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Nebraska Medicaid Directive:** *FA0-50.0 is only used in Medicare COB payer-to-payer situations.*	C	ID	2/2	Required

Code   **Name**
F2   International Unit
MJ   Minutes
UN   Unit

SV104	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Service Unit Count* **Nebraska Medicaid Directive:** *Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".*	C	R	1/15	Required
SV105	1331	**Facility Code Value** **Description:** Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format **Industry:** *Place of Service Code* **Nebraska Medicaid Directive:** *Required if value is different than value carried in CLM05-1 in Loop ID-2300.* *Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.* *11 Office* *12 Home* *21 Inpatient Hospital* *22 Outpatient Hospital* *23 Emergency Room - Hospital* *24 Ambulatory Surgical Center* *25 Birthing Center*	O	AN	1/2	Used

26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
51 Inpatient Psychiatric Facility
52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Facility
56 Psychiatric Residential Treatment Center
50 Federally Qualified Health Center
60 Mass Immunization Center
61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
65 End Stage Renal Disease Treatment Facility
71 State or Local Public Health Clinic
72 Rural Health Clinic
81 Independent Laboratory
99 Other Unlisted Facility

ExternalCodeList

Name: 237

Description: Place of Service from Health Care Financing Administration Claim Form

SV107	C004	**Composite Diagnosis Code Pointer** **Description:** To identify one or more diagnosis code pointers **Nebraska Medicaid Directive:** *Required if HI segment in Loop ID-2300 is used.*	O	Comp		Used
	1328	**Diagnosis Code Pointer** **Description:** A pointer to the claim diagnosis code in the order of importance to this service **Nebraska Medicaid Directive:** *Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.*	M	N0	1/2	Required
	1328	**Diagnosis Code Pointer** **Description:** A pointer to the claim diagnosis code in the order of importance to this service **Nebraska Medicaid Directive:** *Use this pointer for the second diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.*	O	N0	1/2	Used
	1328	**Diagnosis Code Pointer** **Description:** A pointer to the claim diagnosis code in the order of importance to this service **Nebraska Medicaid Directive:** *Use this pointer for the third diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.*	O	N0	1/2	Used
	1328	**Diagnosis Code Pointer** **Description:** A pointer to the claim diagnosis code in the order of importance to this service **Nebraska Medicaid Directive:** *Use this pointer for the fourth diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8,*	O	N0	1/2	Used

		inclusive.				
SV109	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *Emergency Indicator* **Nebraska Medicaid Directive:** *Required when the service is known to be an emergency by the provider.* *Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.*	O	ID	1/1	Used

Code	**Name**
Y	Yes

SV111	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *EPSDT Indicator* **Nebraska Medicaid Directive:** *Required if Medicaid services are the result of a screening referral.*	O	ID	1/1	Used

Code	**Name**
Y	Yes

SV112	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *Family Planning Indicator* **Nebraska Medicaid Directive:** *Required if applicable for Medicaid claims.*	O	ID	1/1	Used

Code	**Name**
Y	Yes

SV115	1327	**Copay Status Code** **Description:** Code indicating whether or not co-payment requirements were met on a line by line basis **Industry:** *Co-Pay Status Code* **Nebraska Medicaid Directive:** *Required if patient was exempt from co-pay.*	O	ID	1/1	Used

Code	**Name**
0	Copay exempt

CR1 Ambulance Transport Information

Loop: 2400

Elements: 8

User Option (Usage): Used

To supply information related to the ambulance service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR101	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken **Nebraska Medicaid Directive:** *Required if CR102 is present.*	C	ID	2/2	Used

Code	Name
LB	Pound

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR102	81	**Weight** **Description:** Numeric value of weight **Industry:** *Patient Weight* **Nebraska Medicaid Directive:** *Required if it is necessary to justify the medical necessity of the level of ambulance services.*	C	R	1/10	Used
CR103	1316	**Ambulance Transport Code** **Description:** Code indicating the type of ambulance transport **All valid standard codes are used.**	O	ID	1/1	Required
CR104	1317	**Ambulance Transport Reason Code** **Description:** Code indicating the reason for ambulance transport **All valid standard codes are used.**	O	ID	1/1	Required
CR105	355	**Unit or Basis for Measurement Code** **Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	C	ID	2/2	Required

Code	Name
DH	Miles

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR106	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Transport Distance* **Nebraska Medicaid Directive:** *NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.*	C	R	1/15	Required
CR109	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Round Trip Purpose Description* **Nebraska Medicaid Directive:** *Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.*	O	AN	1/80	Used
CR110	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Stretcher Purpose Description* **Nebraska Medicaid Directive:** *Required if needed*	O	AN	1/80	Used

to justify usage of stretcher.

CR2 Spinal Manipulation Service Information

Loop: 2400

Elements: 4

User Option (Usage): Used

To supply information related to the chiropractic service rendered to a patient

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CR208	1342	**Nature of Condition Code** **Description:** Code indicating the nature of a patient's condition **Industry:** *Patient Condition Code* **All valid standard codes are used.**	O	ID	1/1	Required
CR210	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Patient Condition Description* **Nebraska Medicaid Directive:** *Used at discretion of submitter.*	O	AN	1/80	Used
CR211	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Patient Condition Description* **Nebraska Medicaid Directive:** *Used at discretion of submitter.*	O	AN	1/80	Used
CR212	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** *X-ray Availability Indicator* **Nebraska Medicaid Directive:** *Required for service dates prior to January 1, 2000.*	O	ID	1/1	Used

Code	Name
N	No
Y	Yes

CRC Ambulance Certification

Loop: 2400	
	Elements: 7

User Option (Usage): Used

To supply information on conditions

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC01	1136	**Code Category**	M	ID	2/2	Required

Description: Specifies the situation or category to which the code applies

Code	Name
07	Ambulance Certification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC02	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Certification Condition Indicator*

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC03	1321	**Condition Indicator**	M	ID	2/2	Required

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *The codes for CRC03 also can be used for CRC04 through CRC07.*

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CRC04	1321	**Condition Indicator**	O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed.*
Use the codes listed in CRC03.

Code	Name
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary

		60	Transportation Was To the Nearest Facility				
CRC05	1321	**Condition Indicator**		O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

Code	**Name**
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

CRC06	1321	**Condition Indicator**		O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

Code	**Name**
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

CRC07	1321	**Condition Indicator**		O	ID	2/2	Used

Description: Code indicating a condition
Industry: *Condition Code*
Nebraska Medicaid Directive: *Required if additional condition codes are needed. Use the codes listed in CRC03.*

Code	**Name**
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

DTP   **Date - Service Date**

Loop: 2400

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
472	Service

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Service Date*

DTP   Date - Last X-ray

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Loop: 2400

Elements: 3

</div>

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Industry:** *Date Time Qualifier*	M	ID	3/3	Required

Code	**Name**
455	Last X-Ray

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	**Name**
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Last X-Ray Date*	M	AN	1/35	Required

DTP   **Date - Acute Manifestation**

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
453	Acute Manifestation of a Chronic Condition

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Acute Manifestation Date*

DTP   Date - Initial Treatment

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide. Do NOT use for Chiropractic Spinal Manipulation. Use Loop ID – 2300 – DTP – Date – Initial Treatment to report Chiropractic Spinal Manipulation.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time **Industry:** *Date Time Qualifier*	M	ID	3/3	Required

Code	Name
454	Initial Treatment

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** *Initial Treatment Date*	M	AN	1/35	Required

DTP Date - Similar Illness/Symptom Onset

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
438	Onset of Similar Symptoms or Illness

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Similar Illness or Symptom Date*

REF   Prior Authorization or Referral Number

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
9F	Referral Number
G1	Prior Authorization Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Prior Authorization or Referral Number*	C	AN	1/30	Required

REF   Line Item Control Number

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
6R	Provider Control Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Line Item Control Number*	C	AN	1/30	Required

REF Clinical Laboratory Improvement Amendment (CLIA) Identification

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
X4	Clinical Laboratory Improvement Amendment Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Clinical Laboratory Improvement Amendment Number*	C	AN	1/30	Required

REF   Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code **Name**

F4   Facility Certification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Referring CLIA Number*	C	AN	1/30	Required

REF   Oxygen Flow Rate

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required

Code	Name
TP	Test Specification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** *Oxygen Flow Rate* **Nebraska Medicaid Directive:** *Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.*	C	AN	1/30	Required

AMT   Approved Amount

User Option (Usage): Used

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required

Description: Code to qualify amount

Code	Name
AAE	Approved Amount

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Approved Amount*

NTE Line Note

Loop: 2400

Elements: 2

User Option (Usage): Used

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required

Description: Code identifying the functional area or purpose for which the note applies

Code	Name
ADD	Additional Information
DCP	Goals, Rehabilitation Potential, or Discharge Plans
PMT	Payment
TPO	Third Party Organization Notes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE02	352	**Description**	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content
Industry: *Line Note Text*

PS1 Purchased Service Information

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify the information about services that are purchased

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PS101	127	**Reference Identification**	M	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: *Purchased Service Provider Identifier*				
PS102	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount				
		Industry: *Purchased Service Charge Amount*				

LIN   Drug Identification

Loop: 2410

Elements: 2

User Option (Usage): Used

To specify basic item identification data

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LIN02	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
		Industry: *Product or Service ID Qualifier*				

Code	Name
N4	National Drug Code in 5-4-2 Format

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LIN03	234	**Product/Service ID**	M	AN	1/48	Required
		Description: Identifying number for a product or service				
		Industry: *National Drug Code*				

ExternalCodeList

Name: 240

Description: National Drug Code by Format

CTP   Drug Pricing

Loop: 2410

Elements: 3

User Option (Usage): Used

To specify pricing information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CTP03	212	**Unit Price**	X	R	1/17	Required
		Description: Price per unit of product, service, commodity, etc.				
		Industry: *Drug Unit Price*				
CTP04	380	**Quantity**	X	R	1/15	Required
		Description: Numeric value of quantity				
		Industry: *National Drug Unit Count*				
CTP05	C001	**Composite Unit of Measure**	X	Comp		Required
		Description: To identify a composite unit of measure(See Figures Appendix for examples of use)				
		Industry: *Unit or Basis of Measurement*				
	355	**Unit or Basis for Measurement Code**	M	ID	2/2	Required
		Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				

Code	Name
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit

SVD   Line Adjudication Information

Loop: 2430

Elements: 5

User Option (Usage): Used

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD01	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** *Other Payer Primary Identifier* **Nebraska Medicaid Directive:** *This number should match NM109 in Loop ID-2330B identifying Other Payer.*	M	AN	2/80	Required
SVD02	782	**Monetary Amount** **Description:** Monetary amount **Industry:** *Service Line Paid Amount* **Nebraska Medicaid Directive:** *Zero "0" is an acceptable value for this element.* *The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.*	M	R	1/18	Required
SVD03	C003	**Composite Medical Procedure Identifier** **Description:** To identify a medical procedure by its standardized codes and applicable modifiers **Nebraska Medicaid Directive:** *This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.*	O	Comp		Required
	235	**Product/Service ID Qualifier** **Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234) **Industry:** *Product or Service ID Qualifier* **Nebraska Medicaid Directive:** *The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.*	M	ID	2/2	Required

Code	Name
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
	234	**Product/Service ID** **Description:** Identifying number for a product or service **Industry:** *Procedure Code* **ExternalCodeList** **Name:** 130 **Description:** Health Care Financing Administration Common Procedural Coding System **ExternalCodeList** **Name:** 513 **Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List	M	AN	1/48	Required
	1339	**Procedure Modifier**	O	AN	2/2	Used

		Description: This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the first procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*				
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the second procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the third procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners **Nebraska Medicaid Directive:** *Use this modifier for the fourth procedure code modifier.* *Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.*	O	AN	2/2	Used
	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Industry:** *Procedure Code Description* **Nebraska Medicaid Directive:** *Required if SVC01-7 was returned in the 835 transaction.*	O	AN	1/80	Used
SVD05	380	**Quantity** **Description:** Numeric value of quantity **Industry:** *Paid Service Unit Count* **Nebraska Medicaid Directive:** *Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.*	O	R	1/15	Required
SVD06	554	**Assigned Number** **Description:** Number assigned for differentiation within a transaction set **Industry:** *Bundled Line Number* **Nebraska Medicaid Directive:** *Use the LX from this transaction which points to the bundled line.* *Required if payer bundled this service line.*	O	N0	1/6	Used

CAS   Line Adjustment

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required

Description: Code identifying the general category of payment adjustment

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required

Description: Code identifying the detailed reason the adjustment was made
Industry: *Adjustment Reason Code*
Nebraska Medicaid Directive: *Use the Claim Adjustment Reason Code list (See Appendix C).*

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS03	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount
Industry: *Adjustment Amount*
Nebraska Medicaid Directive: *Use this amount for the adjustment amount.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS04	380	**Quantity**	O	R	1/15	Used

Description: Numeric value of quantity
Industry: *Adjustment Quantity*
Nebraska Medicaid Directive: *Use this quantity for the units of service being adjusted.*
Use as needed to show payer adjustment.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS05	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Used

Description: Code identifying the detailed reason the adjustment was made
Industry: *Adjustment Reason Code*
Nebraska Medicaid Directive: *Use as needed to show payer adjustment.*
Use the Claim Adjustment Reason Code list (See Appendix C).

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS06	782	**Monetary Amount**	C	R	1/18	Used

Description: Monetary amount
Industry: *Adjustment Amount*
Nebraska Medicaid Directive: *Use this amount for the adjustment amount.*
Use as needed to show payer adjustment.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS07	380	**Quantity**	C	R	1/15	Used

		Description: Numeric value of quantity **Industry:** *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use this quantity for the units of service being adjusted.* *Use as needed to show payer adjustment.*				
CAS08	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made	C	ID	1/5	Used
		Industry: *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.* *Use the Claim Adjustment Reason Code list (See Appendix C).*				
		ExternalCodeList **Name:** 139				
		Description: Claim Adjustment Reason Code				
CAS09	782	**Monetary Amount** **Description:** Monetary amount	C	R	1/18	Used
		Industry: *Adjustment Amount* **Nebraska Medicaid Directive:** *Use this amount for the adjustment amount.* *Use as needed to show payer adjustment.*				
CAS10	380	**Quantity** **Description:** Numeric value of quantity	C	R	1/15	Used
		Industry: *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use this quantity for the units of service being adjusted.* *Use as needed to show payer adjustment.*				
CAS11	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made	C	ID	1/5	Used
		Industry: *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.* *Use the Claim Adjustment Reason Code list (See Appendix C).*				
		ExternalCodeList **Name:** 139				
		Description: Claim Adjustment Reason Code				
CAS12	782	**Monetary Amount** **Description:** Monetary amount	C	R	1/18	Used
		Industry: *Adjustment Amount* **Nebraska Medicaid Directive:** *Use this amount for the adjustment amount.* *Use as needed to show payer adjustment.*				
CAS13	380	**Quantity** **Description:** Numeric value of quantity	C	R	1/15	Used
		Industry: *Adjustment Quantity* **Nebraska Medicaid Directive:** *Use this quantity for the units of service being adjusted.* *Use as needed to show payer adjustment.*				
CAS14	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made	C	ID	1/5	Used
		Industry: *Adjustment Reason Code* **Nebraska Medicaid Directive:** *Use as needed to show payer adjustment.* *Use the Claim Adjustment Reason Code list (See Appendix C).*				
		ExternalCodeList **Name:** 139				
		Description: Claim Adjustment Reason Code				

CAS15	782	**Monetary Amount**	C	R	1/18	Used

Description: Monetary amount
Industry: *Adjustment Amount*
Nebraska Medicaid Directive: *Use this amount for the adjustment amount.*
Use as needed to show payer adjustment.

CAS16	380	**Quantity**	C	R	1/15	Used

Description: Numeric value of quantity
Industry: *Adjustment Quantity*
Nebraska Medicaid Directive: *Use this quantity for the units of service being adjusted.*
Use as needed to show payer adjustment.

CAS17	1034	**Claim Adjustment Reason Code**	C	ID	1/5	Used

Description: Code identifying the detailed reason the adjustment was made
Industry: *Adjustment Reason Code*
Nebraska Medicaid Directive: *Use as needed to show payer adjustment.*
Use the Claim Adjustment Reason Code list (See Appendix C).

ExternalCodeList
Name: 139
Description: Claim Adjustment Reason Code

CAS18	782	**Monetary Amount**	C	R	1/18	Used

Description: Monetary amount
Industry: *Adjustment Amount*
Nebraska Medicaid Directive: *Use this amount for the adjustment amount.*
Use as needed to show payer adjustment.

CAS19	380	**Quantity**	C	R	1/15	Used

Description: Numeric value of quantity
Industry: *Adjustment Quantity*
Nebraska Medicaid Directive: *Use this quantity for the units of service being adjusted.*
Use as needed to show payer adjustment.

DTP   Line Adjudication Date

Loop: 2430

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*

Code	Name
573	Date Claim Paid

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: *Adjudication or Payment Date*

SE   **Transaction Set Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments** **Description:** Total number of segments included in a transaction set including ST and SE segments **Industry:** *Transaction Segment Count*	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number** **Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **Industry:** *The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.*	M	AN	4/9	Required

GE   Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included** **Description:** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA   Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups** **Description:** A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender	M	N0	9/9	Required